

Taxpayer's Signature

Print Name

TAX RETURN BUSINESS PRIVILEGE PUBLIC UTILITY ROOM SURTAX TRANSIENT RENTAL

Mail to: City of Tucson Collections PO Box 27320 Tucson, AZ 85726				
CITY LICENSE NO.				
PERIOD COVERED				
FROM THROUGH				
CYCLE				
OFFICE USE				
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SPECIAL NOTICE

THIS RETURN MUST BE FILED WHETHER OR NOT ANY TAX IS DUE. THIS RETURN IS DUE ON THE 20th OF THE MONTH FOLLOWING THE PERIOD IN WHICH TAXES ARE DUE.							
			Column I	Column 2	Column 3	Column 4	Column 5
Business Activity	Line	Activity #	Gross	Allowable pg 2 - Deductions	= Net Taxable	x Tax Rate	= Tax Amount
CONTRACTING	1	15				2.00%	
RETAIL SALES	2	17				2.00%	
	3						
*If you have	*If you have 4 SUBTOTAL (Add Col. 5. Lines 1 through 3)						
one activity, fill in the			ESS CITY TAX COLLE	CTED*	Plus(+)		
amount in	6	SUBTOTAL (Add lines 4 and 5)				Equals (=)	
Column 5. If you have	7	PENALTY & INTEREST (see instruction Sheet)* Plus (+)					
more than	8	SUBTOTAL (Add lines 6 and 7) Equals (=)					
one, fill out Schedule B	9	ENTER CREDIT BALANCE TO BE APPLIED (attach Notice of Credit)* Minus(-)					
on Page 2.	10	ENTER NET AMOUNT DUE (Subtract line 9 from line 8) Equals (=)					
	11 ENTER TOTAL AMOUNT PAID (Make check payable to City of Tucson)						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.							
A SIGNATURE IS F	REQUI	RED TO MAK	E THIS RETURN VALID	О.			

RETURN IS DUE ON THE 20th OF THE MONTH FOLLOWING THE REPORTING PERIOD AND DELINQUENT IF NOT RECEIVED BY THE LAST BUSINESS DAY OF THE MONTH. POSTMARKS ARE NOT REGARDED AS EVIDENCE OF DATE RECEIVED.

Paid Preparer's Signature

Print Paid Preparer's Name

Date

Phone #

FOR ADDITIONAL COPIES OF THIS FORM & WRITTEN INSTRUCTIONS, PLEASE SEE OUR WEBSITE: http://www.tucsonaz.gov/finance OR CALL THE BUSINESS LICENSE SECTION FOR ASSISTANCE: (520) 791-4566.

SCHEDULE A - DETAILS OF DEDUCTIONS: Enter below the deductions and exclusions you used in computing your city business privilege tax. You must keep a detailed record of all deductions and exclusions. Failure to maintain proper documentation and records required by city ordinance may result in their disallowance. A separate detail of city records and documentation must be maintained only when the income, deductions or exemptions are different from the state's.

NOTE: The numbers listed at the top of these columns correspond with the line number for business activity on the front.

BUSINESS NAME:	LICENSE #:	REPORT PERIOD:					
SCHEDULE A							
CONTRACTING 15	RETAIL SALES 17						
COLUMN 1	COLUMN 2	COLUMN 3					
OUT OF CITY 01	US GOVERNMENT 10						
LAND ORIG COST 02	MINES/RAIL RD 12						
SUBCONTRACTING 03	EXEMPT RANCHES 13						
TAX COLL/FACTRD 04	EXEMPT HOSPITAL 14						
35% STANDARD 05	OUT OF STATE 15						
3YR ANNEXATION 06	LABOR/SERVICE 16						
PAI 07	WHLSALE/RESALE 17						
DISC & REFUND 18	DISC & REFUND 18						
BAD DEBTS 20	TRADE INS 19						
DMAFB 29	BAD DEBTS 20						
	MOTOR FUEL 21						
	TAX COLLECTED 22						
	FOOD FOR HOME 23						
	CAPITAL EQUIP 24						
	PRESCRIPTIONS 25						
	DMAFB 29						
	DLVRY/FRGHT OUT 30						
	LOTTERY SALES 33						
_	WARRANTY 40						
-							
TOTAL DEDUCTIONS:	TOTAL DEDUCTIONS:	TOTAL DEDUCTIONS:					

SCHEDULE B - MULTIPLE ACTIVITIES: You MUST complete this schedule if you are reporting for more than one activity even if you are reporting zero tax due.

		SCHEDULE B					
		CONTRACTING 15	RETAIL SALES 17		Total		
	LINE	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4		
Tax Amount from Column 5-Page 1.	1			-			
Add Excess City Tax Collected	2(+)						
Add Penalty & Interest	3(+)			_			
Subtract Credit balance to be applied	4(-)						
Total Due	5						

Compute a Total Due for each activity, enter this amount in Line 5. Add together the amounts in COLUMNS 1, 2, and 3 for each line and put the total in COLUMN 4. Copy the totals in COLUMN 4 into the appropriate box on the first page in COLUMN 5.